



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE
Trusted Health Plan (District of Columbia), Inc.

NAIC Group Code	4893 (Current Period)	4893 (Prior Period)	NAIC Company Code	14225	Employer's ID Number	45-2375150
Organized under the Laws of	District of Columbia		State of Domicile or Port of Entry	DC		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	05/16/2011		Commenced Business	07/01/2013		
Statutory Home Office	1100 New Jersey Avenue SE Suite 840 (Street and Number)		Washington, DC, US 20003 (City or Town, State, Country and Zip Code)			
Main Administrative Office			1100 New Jersey Avenue SE Suite 840 (Street and Number)			
	Washington, DC, US 20003 (City or Town, State, Country and Zip Code)		(202)821-1100 (Area Code) (Telephone Number)			
Mail Address	1100 New Jersey Avenue SE Suite 840 (Street and Number or P.O. Box)		Washington, DC, US 20003 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			1100 New Jersey Avenue SE Suite 840 (Street and Number)			
	Washington , DC, US 20003 (City or Town, State, Country and Zip Code)		(202)821-1100 (Area Code) (Telephone Number)			
Internet Website Address	www.trustedhp.com					
Statutory Statement Contact	Cleveland Eugene Slade (Name)		(202)821-1070 (Area Code)(Telephone Number)(Extension)			
	cslade@trustedhp.com (E-Mail Address)		(202)821-1099 (Fax Number)			

OFFICERS

Name	Title
Thomas Michael Duncan	Chief Executive Officer
Cleveland Eugene Slade	Chief Financial Officer
Chikadibie E. Duru	General Counsel

OTHERS

DIRECTORS OR TRUSTEES

Thomas Michael Duncan	Eddie Leon Hall
Jack NMN Martin	Thomas Andrew Scully

State of _____
County of _____ ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) Thomas Michael Duncan	(Signature) Cleveland Eugene Slade	(Signature) Chikadibie E. Duru
(Printed Name) 1.	(Printed Name) 2.	(Printed Name) 3.
Chief Executive Officer	Chief Financial Officer	General Counsel
(Title)	(Title)	(Title)
Subscribed and sworn to before me this _____ day of _____, 2019	a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[X] No[] _____ _____ _____
_____ (Notary Public Signature)		

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals .....	.....	.....	.....	.....	.....	.....
0299998 Premiums due and unpaid not individually listed .....	.....	.....	.....	.....	.....	.....
0299999 TOTAL Group .....	.....	.....	.....	.....	.....	.....
0399999 Premiums due and unpaid from Medicare entities .....	.....	.....	.....	.....	.....	.....
0499999 Premiums due and unpaid from Medicaid entities .....	..... 3,504,832	.....	.....	.....	.....	..... 3,504,832
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	..... 3,504,832	.....	.....	.....	.....	..... 3,504,832

19 Exhibit 3 - Health Care Receivables NONE

20 Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued NONE

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	1,541,074	326,998	112,311	64,662	504,141	2,549,186
0499999 Subtotals	1,541,074	326,998	112,311	64,662	504,141	2,549,186
0599999 Unreported claims and other claim reserves						24,853,006
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						27,402,192
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2	3	4	5	6	Admitted	
	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	7 Current	8 Non-Current
	NONE						
0399999 TOTAL Gross Amounts Receivable .....	.....	.....	.....	.....	.....	.....	.....

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Trusted Health Plans, Inc.	General and Administrative Expenses	346,156	346,156	
0199999 Total - Individually Listed Payables	X X X	346,156	346,156	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	346,156	346,156	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups						
2.	Intermediaries	8,675,864	7.310	34,145	100.000		8,675,864
3.	All other providers	1,866,961	1.573	34,145	100.000		1,866,961
4.	TOTAL Capitation Payments	10,542,825	8.884	68,290	200.000		10,542,825
Other Payments:							
5.	Fee-for-service	14,816,523	12.485	X X X	X X X		14,816,523
6.	Contractual fee payments	93,317,930	78.632	X X X	X X X		93,317,930
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	108,134,453	91.116	X X X	X X X		108,134,453
13.	TOTAL (Line 4 plus Line 12)	118,677,278	100.000	X X X	X X X		118,677,278

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
.....	AVESIS	7,098,564	591,547	.....	.....
.....	BEACON	778,577	64,881	.....	.....
.....	MTM	798,723	66,560	.....	.....
9999999 TOTALS		8,675,864	X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	421,496	.....	257,559	..... 163,938	..... 163,938	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment	118,982	298,653	179,671	118,982	118,982	.....
6.	TOTAL	540,478	298,653	437,230	282,920	282,920	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
NAIC Group Code 4893 BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR NAIC Company Code 14225

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	37,825	3,521							34,304	
2. First Quarter	35,719	3,310							32,409	
3. Second Quarter	34,648	3,201							31,447	
4. Third Quarter	33,839	3,225							30,614	
5. Current Year	34,145	3,004							31,141	
6. Current Year Member Months	421,877	38,460							383,417	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	320,956	65,561							255,395	
8. Non-Physician	125,602	11,100							114,502	
9. TOTAL	446,558	76,661							369,897	
10. Hospital Patient Days Incurred	11,850	1,292							10,558	
11. Number of Inpatient Admissions	2,429	154							2,275	
12. Health Premiums Written (b)	156,627,984	14,120,320							142,507,664	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	156,627,984	14,120,320							142,507,664	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	118,677,278	14,661,492							104,015,786	
18. Amount Incurred for Provision of Health Care Services	110,479,639	12,055,004							98,424,635	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 4893 NAIC Company Code 14225

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	37,825	3,521							34,304	
2. First Quarter	35,719	3,310							32,409	
3. Second Quarter	34,648	3,201							31,447	
4. Third Quarter	33,839	3,225							30,614	
5. Current Year	34,145	3,004							31,141	
6. Current Year Member Months	421,877	38,460							383,417	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	320,956	65,561							255,395	
8. Non-Physician	125,602	11,100							114,502	
9. TOTAL	446,558	76,661							369,897	
10. Hospital Patient Days Incurred	11,850	1,292							10,558	
11. Number of Inpatient Admissions	2,429	154							2,275	
12. Health Premiums Written (b)	156,627,984	14,120,320							142,507,664	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	156,627,984	14,120,320							142,507,664	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	118,677,278	14,661,492							104,015,786	
18. Amount Incurred for Provision of Health Care Services	110,479,639	12,055,004							98,424,635	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

31 Schedule S - Part 1 - Section 2 NONE

32 Schedule S - Part 2 NONE

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
39322	13-3029255	01/01/2018	GENERAL SECURITY NATL INS CO	NY	SSL/I	MC	84,856						
39322	13-3029255	01/01/2018	GENERAL SECURITY NATL INS CO	NY	SSL/I	CMM	8,462						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							93,318						
1099999 Total - General Account - Authorized - Non-Affiliates							93,318						
1199999 Total - General Account Authorized							93,318						
3499999 Total - General Account - Authorized, Unauthorized and Certified							93,318						
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							93,318						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							93,318						

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums	8	35	29	47	56
2. Title XVIII-Medicare					
3. Title XIX - Medicaid	85	349	268	474	594
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses	160	175	256	33	648
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	53,964,520		53,964,520
2. Accident and health premiums due and unpaid (Line 15)	3,504,832		3,504,832
3. Amounts recoverable from reinsurers (Line 16.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	1,153,994		1,153,994
6. TOTAL Assets (Line 28)	58,623,346		58,623,346
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	27,402,192		27,402,192
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	11,840,537		11,840,537
15. TOTAL Liabilities (Line 24)	39,242,729		39,242,729
16. TOTAL Capital and Surplus (Line 33)	19,380,617	X X X	19,380,617
17. TOTAL Liabilities, Capital and Surplus (Line 34)	58,623,346		58,623,346
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
						6 Totals
1.	Alabama (AL)					
2.	Alaska (AK)					
3.	Arizona (AZ)					
4.	Arkansas (AR)					
5.	California (CA)					
6.	Colorado (CO)					
7.	Connecticut (CT)					
8.	Delaware (DE)					
9.	District of Columbia (DC)					
10.	Florida (FL)					
11.	Georgia (GA)					
12.	Hawaii (HI)					
13.	Idaho (ID)					
14.	Illinois (IL)					
15.	Indiana (IN)					
16.	Iowa (IA)					
17.	Kansas (KS)					
18.	Kentucky (KY)					
19.	Louisiana (LA)					
20.	Maine (ME)					
21.	Maryland (MD)					
22.	Massachusetts (MA)					
23.	Michigan (MI)					
24.	Minnesota (MN)					
25.	Mississippi (MS)					
26.	Missouri (MO)					
27.	Montana (MT)					
28.	Nebraska (NE)					
29.	Nevada (NV)					
30.	New Hampshire (NH)					
31.	New Jersey (NJ)					
32.	New Mexico (NM)					
33.	New York (NY)					
34.	North Carolina (NC)					
35.	North Dakota (ND)					
36.	Ohio (OH)					
37.	Oklahoma (OK)					
38.	Oregon (OR)					
39.	Pennsylvania (PA)					
40.	Rhode Island (RI)					
41.	South Carolina (SC)					
42.	South Dakota (SD)					
43.	Tennessee (TN)					
44.	Texas (TX)					
45.	Utah (UT)					
46.	Vermont (VT)					
47.	Virginia (VA)					
48.	Washington (WA)					
49.	West Virginia (WV)					
50.	Wisconsin (WI)					
51.	Wyoming (WY)					
52.	American Samoa (AS)					
53.	Guam (GU)					
54.	Puerto Rico (PR)					
55.	U.S. Virgin Islands (VI)					
56.	Northern Mariana Islands (MP)					
57.	Canada (CAN)					
58.	Aggregate other alien (OT)					
59.	TOTALS					

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Rela-tion-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
4893	Trusted Hlth Plans Grp	14225	46-3997278	.....	.....	.....	Trusted Health Plans, Inc.	DE	UIP	Frost BPO, LLC	Ownership	36.0	Thomas M. Duncan	N	.....
4893	Trusted Hlth Plans Grp	14225	46-3997278	.....	.....	.....	Trusted Health Plans, Inc.	DE	UIP	CHA, LLC	Ownership	14.0	National Investment Group ..	N	.....
4893	Trusted Hlth Plans Grp	14225	46-3997278	.....	.....	.....	Trusted Health Plans, Inc.	DE	UIP	Bruce Anderson	Ownership	5.8	.....	N	.....
4893	Trusted Hlth Plans Grp	14225	46-3997278	.....	.....	.....	Trusted Health Plans, Inc.	DE	UIP	Thomas Scully	Ownership	4.5	.....	N	.....
4893	Trusted Hlth Plans Grp	14225	46-3997278	.....	.....	.....	Trusted Health Plans, Inc.	DE	UIP	Senior Management	Ownership	6.0	.....	N	.....
4893	Trusted Hlth Plans Grp	14225	46-3997278	.....	.....	.....	Trusted Health Plans, Inc.	DE	UIP	Undistributed	Ownership	4.0	.....	N	.....
4893	Trusted Hlth Plans Grp	14225	46-3997278	.....	.....	.....	Trusted Health Plans, Inc.	DE	UIP	Juggernaut Capital Partners III, LP	Ownership	29.7	John Shulman	N	.....
4893	Trusted Hlth Plans Grp	11081	38-3295207	.....	.....	.....	Trusted Health Plan (MI)	MI	RE	Trusted Health Plans, Inc.	Ownership	100.0	Thomas M. Duncan, National Investment Group, John Shulman	N	.....
4893	Trusted Hlth Plans Grp	14225	45-2375150	.....	.....	.....	Trusted Health Plan (District of Columbia), Inc.	DC	IA	Trusted Health Plans, Inc.	Ownership	100.0	Thomas M. Duncan, National Investment Group, John Shulman	N	.....

Asterisk	Explanation
0000001

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 11081 ..	.. 38-3295207 ..	TRUSTED HLTH PLAN MI INC .....		.. 503,900	.....	.....	.. (1,852,405)	.....	.....	.....	.. (1,348,505)	.....
.....	.. 46-399728 ..	TRUSTED HEALTH PLAN INC. ....	.. 4,000,000	..... (503,900)	.....	.....	.. 9,688,620	.....	.....	.....	.. 13,184,720	.....
.. 14225 ..	.. 45-2375150 ..	TRUSTED HLTH PLAN DC INC .....	.. (4,000,000)	.....	.....	.....	.. (7,836,215)	.....	.....	.....	.. (11,836,215)	.....
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes
JUNE FILING	
8. Will an audited financial report be filed by June 1?	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes
AUGUST FILING	
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	Yes

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	No
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	No
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	No
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	No
AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	No

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



Approval for Relief related to five-year rotation for lead Audit Partner



Approval for Relief related to one-year cooling off period for inde. CPA



SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



14225201822600000

2018

Document Code: 226

LTC Supplemental Interrogatories



14225201830600000

2018

Document Code: 306

Health Life Supplement - April



14225201821100000

2018

Document Code: 211

Supplemental Health Care Exhibit



14225201821600000

2018

Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



14225201821700000

2018

Document Code: 217

LHA Guaranty Association Reconciliation

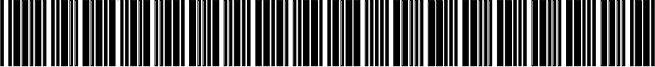


14225201829000000

2018

Document Code: 290

LHA Guaranty Association Adjustment Exhibit



14225201830000000

2018

Document Code: 300

Management's Report of Internal Control over Financial Reporting



14225201822300000

2018

Document Code: 223

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)				
2504. Prepaid Insurance	345,847	345,847		
2505. Miscellaneous Receivable	847,834	847,834		
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	1,193,681	1,193,681		

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)			
2504. Prepaid Insurance	345,847	33,648	(312,199)
2505. Miscellaneous Receivable	847,834	43	(847,791)
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	1,193,681	33,691	(1,159,990)

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